IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	01/14/2007			CHECKWRITE SUMMARY REPORT				
				CKWRITE DATE: 01/17/2007 FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	774	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		537	96	PROCEDURE IS NOT COVERED FOR T	2	924	1347	423
				HIS DATE OF SERVICE				
		79	19	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
2404004		0524	625	ADDITION TO ATTACK TO A DISTORT OF THE ATTACK TO				
3404904	WESTERN HIGHLAN DS LME	8534	675	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
	50 1811			PROVIDER. PLEASE VERIFY THE F				
		8536	181	ATTENDING PROVIDER TYPE AND SP	0	1262	1722	460
				ECIALTY COMBINATION IS NOT	0	1202	1722	400
				VALID FOR SUBMITTED BILLING PR				
		191	181	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	8599	497	DETAIL NOT COVERED BY COMBINAT				
		1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8654	103	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR	86	755	16999	16210
				APPROVAL. PLEASE CORRECT THE				
		8933	52	ADTNC INELIGIBLE TO RECEIVE SE				
		8933	52	ADTING INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404912	CATAWBA COUNTYM	79	26	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8537	2	PROCEDURE IS NOT PAYABLE FOR Y	0	30	612	582
				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
				SPECIALIT IN ACCORDANCE TO MEN				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404913	MECKLENBURG COM	11	9627	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8518	11	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	5	9658	9689	31
	1			FISCAL YEAR DOS (JULY 1 - JUNE				
		143	g	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404916	CROSSROADS BEHA	21	304	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		79	36	THIS SERVICE IS NOT PAYABLE TO	^	388	3913	3525
				YOUR SUBMITTED BILLING	0	300	3313	3323
		<u> </u>		PROVIDER TYPE AND SPECIALTY IN				
		143	15	CLIENT ID NUMBER NOT ON STATE				
		-		ELIGIBILITY FILE				
3404917	CENTERPOINT HUM	8505	1993	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	AN SERVICES	-		MI DODGEI				
		8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	2250	4986	2736
				BENEFIT PACKAGE.				
		8536	35	ATTENDING PROVIDER TYPE AND SP				
	1			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		1	L					

		T					TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8599	782	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		3412	79	PROVIDER TYPE AND SPECIALTY 07	23	1114	12089	10975
				4/113 CANNOT BILL ENHANCED				
ļ			<u> </u>	BENEFIT SERVICES ON OR AFTER D				
		8518	72	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404920	ALAMANCE CASWEL	8505	3700	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	173	DETAIL NOT COVERED BY COMBINAT	1	4027	7043	3216
				ION OF RECIPIENT, PROVIDER AND	1	4027	7243	3210
				BENEFIT PACKAGE.				
		21	75	DUPLICATE OF CLAIM-SYSTEM				
				BOLDIONIE OF CHRISTOTHE				
		<u> </u>						
3404921	ORANGE PERSON C	8505	2793	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HATHAM AREA			NT BUDGET				
			 					
		21	457	DUPLICATE OF CLAIM-SYSTEM	0	4524	6477	1953
ļ		 	<u> </u>					\perp
			<u> </u>					
		11	432	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
ļ								
3404922	THE DURHAM CENT	3411	604	PROVIDER TYPE AND SPECIALTY 07				
	ER			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		21	292	DUPLICATE OF CLAIM-SYSTEM		1018		
					26	1018	7078	6060
		8599	46	DETAIL NOT COVERED BY COMBINAT				
		8599	46	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	11	137	CLIENT NOT ELIGIBLE ON SERVICE DATE				
			 	DATE				
		120	49	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	0	233	736	503
			<u> </u>	VALID. ENTER CID AND SUBMIT				
		191	11	CLIENT ID NUMBER DOES NOT MATC				
ļ				H PATIENT NAME				
		+	 	+				
3404925	SANDHILLS CENTE	21	638	DUPLICATE OF CLAIM-SYSTEM				
ļ	R FOR MH/DD	 	<u> </u>					\perp
		+	 				-	
		8599	214	DETAIL NOT COVERED BY COMBINAT	110	1734	8431	6697
				ION OF RECIPIENT, PROVIDER AND				
			<u> </u>	BENEFIT PACKAGE.			<u> </u>	
		191	198	CLIENT ID NUMBER DOES NOT MATC				
		<u></u>	<u> </u>	H PATIENT NAME				
		 	<u> </u>					$\perp =$
3404926	COLUMNIE A CHIEDAY DE	21	951	DUPLICATE OF CLAIM-SYSTEM				-
	SOUTHEASTERN RE G MENTAL HL	+						
		7001	114	EVOREDO MUE ONE DED DAY ******	-			
		7001	114	EXCEEDS THE ONE PER DAY LIMITA TION	20	1357	4643	3286
		+		+				
				DETAIL NOT COVERED BY COMBINAT				
		8599	92					-
		8599	92	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

	T	T.	T		T	Г		
PROVIDER		HIGH DENIAL	NUMBER OF		mara	momar	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	THOUTDEN HEED				DENTITED	DENTILLO	I IMPILIE	11120
3404927	CUMBERLAND CO M	8599	85	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	19	NO RATE AVAILABLE ON FILE TO P	0	150	1052	902
				RICE THIS CLAIM DETAIL	U	130	1032	902
		21	18	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***				
	MNTL HLTHC							
		0	0		0	0	119	119
3404931		11	153	CLIENT NOT ELIGIBLE ON SERVICE				
3404331	WAKE CO HUM SVC	11	155	DATE				
	BILLING OF							
		8534	38	SERVICE FACILITY LOCATION IS N	2	280	688	408
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		9622	21	60 DECIDENTAL IDUST IT GENERAL				
-		8622	31	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
								
3404933	SOUTHEASTERN CT	8599	978	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		100	114	CLIENT ID NUMBER MISSING OR IN				
		120	114	VALID. ENTER CID AND SUBMIT	1	1179	2382	1203
				AS A NEW CLAIM				
		191	39	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404934	ONSLOW CARTERET	11	426	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	BEHAV HEAL			DATE				
		8535	194	SERVICE FACILITY LOCATION WAS	0	926	2448	1522
				NOT SUBMITTED ON THIS CLAIM.	0	320	2110	1022
				PLEASE RESUBMIT THE CLAIM WITH				
		8599	118	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0					
		0	· ·		0	0	0	0
3404936	WILSON-GREENE M	191	1	CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT			H PATIENT NAME				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	3	2013	2010
		8599	1	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404937	EDGECOMBE NASH	8518	15	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	MNTL HLTH C			FISCAL YEAR DOS (JULY 1 - JUNE				
				Tank boo (out 1 - outs				
		21	14	DUPLICATE OF CLAIM-SYSTEM	n	38	600	562
						30	300	302
		8534	9	SERVICE FACILITY LOCATION IS N				
-				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
	1	1	I	The second secon		l .	l .	1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939		8599	18	DETAIL NOT COVERED BY COMBINAT				
3404939	NEUSE MENTAL HE	0399	10	ION OF RECIPIENT, PROVIDER AND				
	ALTH CENTER			BENEFIT PACKAGE.				
		21	9	DUPLICATE OF CLAIM-SYSTEM	0	38	714	676
		8654	7	ONLY 16 UNITS ALLOWED PER DAY				
		0001		WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
3404941	PITT CO MH/DD/S	21	37	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
		8599	11	DETAIL NOT COVERED BY COMBINAT			1000	
				ION OF RECIPIENT, PROVIDER AND	0	62	1327	1265
				BENEFIT PACKAGE.				
		7001	5	EXCEEDS THE ONE PER DAY LIMITA			_	
				TION				
3404942	ROANOKE CHOWANH	21	192	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
					-		_	
		8599	8	DETAIL NOT COVERED BY COMBINAT	0	204	864	660
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				Daniel I I I I I I I I I I I I I I I I I I I				
		8518	2	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404943	ALBEMARLE MENTA	8536	36	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
	L HEALTH CE			VALID FOR SUBMITTED BILLING PR				
		8599	13	DETAIL NOT COVERED BY COMBINAT	8	109	1105	996
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8654	11	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
3404944	EASTPOINTE HUMA	8599	70	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	29	DUPLICATE OF CLAIM-SYSTEM	^	111	787	676
				* *	3	111	/87	6/6
		191	2	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME	-		_	
3404946	POOMUTITO APPAY:	5404	613	SEVERE DUPLICATE: SAME ATTD PR				
- 10 17 10	FOOTHILLS AREAM ENTAL HEALT			OV/PCODE/TOS/DOS/MOD				
	DATED HEADT							
		79	493	THIS SERVICE IS NOT PAYABLE TO	12	2186	5283	3097
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		21	225	DUPLICATE OF CLAIM-SYSTEM				
3404957	TIDELAND MENTAL	8505	621	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR	-		NT BUDGET			_	
		9900	43	PHDRUPD DDOCECTMC NECESCARY				
		8800	43	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	13	735	2542	1807
				FUTURE RA'S.				
		8599	42	DETAIL NOT COVERED BY COMBINAT				
	+	1		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

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							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	3412	50	PROVIDER TYPE AND SPECIALTY 07				
	H/DD/SA PRO			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8599	47	DETAIL NOT COVERED BY COMBINAT	0	288	5565	5277
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8654	42	ONLY 16 UNITS ALLOWED PER DAY				
				WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				